

# Missouri Assessment Program 2008

# SCHOOL/GROUP LIST



District Name: \_\_\_\_\_ County/District Code: \_\_\_\_\_ -

School Name: \_\_\_\_\_ School Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## PLEASE READ INSTRUCTIONS BELOW COMPLETELY BEFORE BEGINNING:

1. Create an entry below for every Group Information Sheet (GIS) completed for your school.
2. If you have too many groups to fit on one page, you may photocopy this form.
3. Do not list more than one school's testing groups on this form.
4. Reminder—only **ONE** book per student should be submitted (except in Grade 11, where one Science and one Communication Arts book per student are submitted). If multiple books for any student in grades 3-10 are identified, please ensure that all responses are transcribed into a single book.

CTB Use	Group Name (MUST BE IDENTICAL TO "TEACHER NAME" FIELD ON GIS)	Grade	For Grade 11 only, please indicate content (Science or Comm Arts)	Number of Books	CTB Use  Did Not Receive

Organization Number: **M002008**

Testing Program: **001**

SO Number: **60801**

Organization Name: **MISSOURI SPRING**

Element Name:

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